

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Rodney Wilson 20150000 ¹³⁵ ✓
Full Name of Plaintiff Inmate Number

Civil No. 4:20-CV-2456
(to be filled in by the Clerk's Office)

v.
C/O SILVIO
Name of Defendant 1

☒ Demand for Jury Trial
☐ No Jury Trial Demand

C/O KEIDA
Name of Defendant 2

C/O CAROLA
Name of Defendant 3

C/O LEE
Name of Defendant 4

SGT. PARTZ
Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

FILED
SCRANTON

DEC 30 2020

PER [Signature]
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

Continued: (1)

Page (1) NAME DEFENDANT #6 - WARDEN GARRY HADGE
NAME OF DEFENDANT #7 - SGT. ARMOND

Page (3) (B): DEFENDANTS

#6 GARRY HADGE

WARDEN - FIGHT FOR GRIEVANCE

4250 MAJOR DRIVE

SPRINGSBURG, PA 18360 (MONROE COUNTY)

#7 SGT. ARMOND

SGT. - GRIEVANCE COORDINATOR

4250 MAJOR DRIVE

SPRINGSBURG, PA 18360 (MONROE COUNTY)

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Page (4)

(C): I FILED A GRIEVANCE ABOUT THE WAY SGT ARMOND
DETERMINED ME RELIEF AND WARDEN HADGE (FIGHT) DETERMINED NO
RELIEF CALCULATING EXCESSIVE USE OF FORCE ON INMATES.

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Wilson Rodney Fred Charles ✓

Name (Last, First, MI)

2015000185 ✓

Inmate Number

Monroe County Jail

Place of Confinement

4250 Manor Drive

Address

Stroudsburg, PA 18360 (Monroe County)

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

90 SILVERIO (use name)

Name (Last, First)

Collection Officer

Current Job Title

4250 Manor Drive

Current Work Address

Stroudsburg, PA 18360 (Monroe County)

City, County, State, Zip Code

Defendant 2:

C/O KEDA

Name (Last, First)

Corrections Officer

Current Job Title

4250 Manor Drive

Current Work Address

STROUDSBURG, PA 18360 (Monroe County)

City, County, State, Zip Code

Defendant 3:

C/O CARONA

Name (Last, First)

Corrections Officer

Current Job Title

4250 Manor Drive

Current Work Address

STROUDSBURG, PA 18360 (Monroe County)

City, County, State, Zip Code

Defendant 4:

C/O LEE

Name (Last, First)

Corrections Officer

Current Job Title

4250 Manor Drive

Current Work Address

STROUDSBURG, PA 18360 (Monroe County)

City, County, State, Zip Code

Defendant 5:

SGT. PAREZ

Name (Last, First)

SEATTLE

Current Job Title

4250 Manor Drive

Current Work Address

STROUDSBURG, PA 18360 (Monroe County)

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

(TWICE) at B. POD on MAY 16, 2020 AND
DECEMBER 2, 2020 / NOVEMBER 18, 2020
@ BOOKING

B. On what date did the events giving rise to your claim(s) occur?

MAY 16, 2020 / DECEMBER 2, 2020,
NOVEMBER 18, 2020

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I WAS TAKEN FROM BOOKING TO CELL 16
BY (5) POWERS AND THE ONES I CAN REMEMBER
SGT. PAREZ, C/O KEIDA, C/O CABALLA (JOHN DOE #1,
JOHN DOE #2) I WAS CUFFED AND STRICKEN AND
TAKEN TO CELL 16 WHERE PAREZ, KEIDA,
CABALLA STARTED BEATING AND ASSAULTING
ME WITH JOHN DOE #1 AND JOHN DOE #2
IN MY HEAD, BODY, AND LEGS CAUSING ME
SERIOUS BODY INJURY INCLUDING A TARE IN MY
ANKLE FROM THE SHOCKERS.. WITNESSED BY NURSE
HALETT...

ON DECEMBER 2, 2020 I WAS TAMPED BY
C/O SAVIRO, KEIDA, AND LEE AND THE SUBJECTS
BEATING ME AND ASSAULTING ME WITH ICE AND HANDCUFFS
AND C/O SAVIRO HIT ME WITH HIS KNEE 6-8 TIMES
IN MY RIBS, WHILE SAVIRO, KEIDA, AND LEE PUNCHING
ME IN MY MOUTH PUSHING MY FEET BACK, PUNCHING
ME IN MY FACE, TWISTING THE HANDCUFFS ON MY WRIST
TO INJURE...

ON 11/18/20 I WAS STRUCK AND STRUCK BY C/O
SAVIRO IN THE SHOULDER @ BOOKING CAUSING INJURY.
I SOUGHT MEDICAL TREATMENT IN ALC.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

- * PRETRIAL DETAINERS PROTECTED AGAINST EXCESSIVE FORCE BY THE DUE PROCESS CLAUSE OF THE 14TH AMENDMENT OF THE U.S.C. OF A UNITED STATES CITIZEN
- * 8TH AMEND. OF THE U.S.C. OF A U.S. CITIZEN CRUEL AND UNUSUAL PUNISHMENT
- * EXCESSIVE USE OF FORCE BY OFFICERS WHO MALICIOUSLY AND SADISTICALLY USE FORCE TO INFLECT SERIOUS BODILY INJURY USING FORCE RESISTING AS AN EXCUSE WHEN A/S IS SUBDUED IN RESISTING
- * ASSAULT BY OFFICERS OF A MINOR

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

TEETH PUSHED BACK; HEAD, NECK AND BODY INJURY, INJURY TO WRIST AND ANKLES DUE TO HANDCUFFS AND SHACKLES; MUSCLE AND NERVE DAMAGE; AND FRACTURED RIBS AND TORE IN ANKLE

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

FOR DEFENDANTS TO PAY ALL COSTS AND FEES ASSOCIATED WITH THIS CASE, FROM EACH DEFENDANT

\$20,000 IN COMPENSATORY DAMAGES AND \$20,000 FROM EACH DEFENDANT IN PUNITIVE DAMAGES; FOR AN ORDER FOR THIS COURT THAT DEFENDANTS STOP ASSAULTING MINORS AND STOP USING EXCESSIVE FORCE; FIRE STUNO, KICK, OR BUILT, USE, PARTIAL FOR THEIR UNCONSTITUTIONAL ACTIONS AND CONTINUED USE OF EXCESSIVE FORCE AGAINST MINORS; ORDER HIDE TO STOP/INSURE THE OFFICERS TO NOT ASSAULT DEFENDANTS MINORS.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

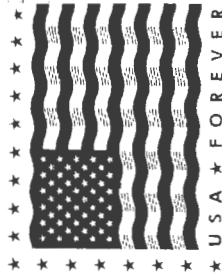
Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Robert Wilson ✓

Signature of Plaintiff

12-24-2020 ✓

Date



ADDILEY Fred Charles Wilson
Monroe County Correctional Facility
4520 MANOR DRIVE
State College, Pa 16801

Office of The Clerk

United States District Court
Middle District of Pennsylvania
William J. Nealon Federal Bldg Ws.
Court House
235 North Washington Avenue PC Box 118
Scranton PA 18501-1148

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PER 97 DEPUTY CLERK